The objective of this report is to highlight some of the most important changes in the status of women in Latin America and the Caribbean (LAC) in the last two decades. It does not intend to be exhaustive nor analyze the factors underlying these changes. It hopes to contribute to the dialogue about gender issues between civil society, Governments and the World Bank in Latin America and the Caribbean.

Although male gender issues such as boys school drop out, vulnerability to unemployment, violence, and alcohol consumption, are increasingly important in the LAC region, this report focuses primarily on women’s issues to commemorate the International Women’s Day 2003.

In the last two decades, Latin American and Caribbean women made significant progress on improving their quality of life. Fertility rates and the size of households have dropped sharply, female participation in the labor force has increased steadily, and their education levels have been on the rise consistently to the point that today, women are more educated than men in some countries of the region.

Nevertheless, rigid gender roles that relegate women to the reproductive sphere still prevail in some parts of the region. These traditional roles lead to inequalities and inefficient use of resources by households in their fight against poverty and toward socioeconomic development. Key gender issues still pending on the agenda of many countries include violence that affects women, high rates of maternal mortality and effective incorporation of women in the formal economy, and in political organizations.

Gender equality and women’s empowerment are essential components of the Millennium Development Goals (MDGs). In addition to representing the third Millennium Development Goal, they contribute to achieving many of the other goals. This report describes the different dimensions of gender inequality and obstacles to the empowerment of women in LAC, and identifies opportunities for achieving further progress towards the Gender MDG. The first part of the report describes the main gender trends in LAC in the areas of labor market, rural sector, health, education, violence, and the fight against poverty and social exclusion. The second part identifies the main problems affecting the status of women in each country. The report concludes describing the challenges ahead.

**Box 1: What is Gender?**

Gender is a relational category that points out to socially constructed roles and relations between men and women. Becoming women and men are learning processes, born out of established social patterns. Roles are enforced through norms, but also through coercion, and they are modified over time to reflect changes in the power and normative structure of social systems.
The participation of women in the formal economy has increased steadily over the last two decades in the LAC region. However, obstacles to their full economic integration remain, especially in rural areas.

Despite higher rates of entry into the labor force, women’s participation in the labor market is still lower than that of men. Female labor force participation has increased consistently during the last decade in LAC and has increased faster than that of men. The largest increase in the last decade was seen in Venezuela (7 percentage points) and the smallest was in Costa Rica, where women’s participation rates did not change. However, even in those countries where women’s educational attainment is higher than men’s, men predominate in the labor force.

Although gender wage gaps have recently decreased significantly in countries such as Honduras, Venezuela, Brazil, Colombia, Argentina and Mexico, women continue to earn less than men in all the countries but Costa Rica. Factors contributing to the gender wage gap are: (a) female over representation in the service sector, which tends to be the lowest paying; (b) family strategies that elect women as the main caretaker; and consequently; (c) women’s more frequent entries and exits of the labor force; and (d) higher preference for part time working arrangements.

Rural women participate much less than rural males and their female urban counterparts in the labor force, due to, among other factors, their activity in the reproductive sphere. Unlike urban areas, rural women tend to be entirely responsible for domestic work. This, coupled with large numbers of dependents due to high fertility rates, precludes women’s engagement in productive activities. Nevertheless, the non agricultural sector, whether commerce or the fast growing agro-exporting industry, is becoming particularly important as a source of jobs for rural women in the region because, among

Men still predominate in the labor force in LAC

![Figure 1. Labor Force Participation](image)
other aspects, it offers the opportunity to match women’s productive and reproductive tasks.

Rural women’s access to land has increased significantly in the last two decades. Land and other natural resources are crucial assets for rural women, as they represent an important livelihood and serve as a means to obtain credit, technical assistance or to participate in certain rural organizations. Throughout LAC, although the agrarian reforms of the 1960-70s did not fully benefit women, new legislation supporting the counter-reforms has significantly improved women’s actual access to land. Provisions for joint titling exist in Colombia, Costa Rica, Honduras, and Nicaragua; and in countries such as Chile and El Salvador, the proportion of women acquiring title after the counter reforms has been extremely high. The largest gender gap in land titling is in Mexico, where women comprise about 21 percent of beneficiaries of certified ejido land, compared to 79 percent for men.

Women continue to earn less than men in most of the countries of LAC

In LAC, rural women participate the least in the labor force

![Figure 2. Labor Force Participation by area](image)

**Figure 2. Labor Force Participation by area**

<table>
<thead>
<tr>
<th>Country</th>
<th>Rural Female</th>
<th>Urban Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nicaragua</td>
<td>80</td>
<td>50</td>
</tr>
<tr>
<td>El Salvador</td>
<td>60</td>
<td>40</td>
</tr>
<tr>
<td>Colombia</td>
<td>80</td>
<td>60</td>
</tr>
<tr>
<td>Chile</td>
<td>60</td>
<td>40</td>
</tr>
</tbody>
</table>

Sources: Colombia (1998 Departamento Administrativo Nacional de Estadística Household Survey); Chile (1998 Encuesta de Caracterización Socioeconómica Nacional); El Salvador (1997 Multi Purpose Household Survey); Nicaragua (1998 LSMS)

![Figure 3. Gender Wage Gap](image)

**Figure 3. Gender Wage Gap**

Note: Female to male wage ratio.

Data refer to urban population in the late 90’s.

Sources: LAC Gender Unit database, World Bank
Although maternal mortality has decreased in most countries of the region during the last decade, it still continues to be the most important health related problem that Latin American and Caribbean women experience. Maternal mortality is related to the lack of prenatal services in some countries such as Bolivia, Peru and Ecuador. In Ecuador, 25 percent of women do not receive prenatal care during pregnancy. In countries such as El Salvador and Dominican Republic, high maternal mortality rates combined with widespread access to maternal health services (87 percent of births are attended by health care professionals in El Salvador and 96 percent in Dominican Republic) suggests serious health care quality issues. Unwanted pregnancies are another factor contributing to high maternal mortality rates. Maternal mortality is particularly high in rural areas and among indigenous women in LAC.

Men’s exclusion from reproductive health services may result in negative reproductive health outcomes. Quality and availability of reproductive health services varies widely across the region. However, all reproductive health programs share its lack of attention to men. Men are important decision-makers in the household so it is often they who decide when and how the wife or daughters will receive medical care. Their lack of knowledge can have negative consequences for women’s health. For example, in the state of Guerrero, 75 percent of indigenous women suffer from domestic violence while pregnant, resulting in miscarriages or birth complications. Also, in 2001, 5126 tubal ligations were carried out in Guerrero, compared to 144 vasectomies. According to health workers in these states, tubal ligations are commonly granted upon the request of the husband, without taking into consideration the desire of the patient (Cunningham and Cos-Montiel, forthcoming).

In the last decade, HIV/AIDS has become one of the most important health problems of the region, particularly in the Caribbean. Infection rates are higher for men in all countries except in the Caribbean where men and women tend to be infected.

Box 2. Women, health and the environment

Indoor air pollution affects women and children the most. Indoor air pollution is the 8th largest global health risk. Solid fuels in traditional stoves are the main cause of indoor air pollution, affecting poor women and children disproportionately. Data from other regions indicate that the burden of acute respiratory infections suffered by women roughly doubles that of men. In some countries in LAC, firewood remains important, especially for poor and rural households. For example, in Guatemala, 42 percent of rural and 17 percent of urban households use only wood as cooking fuel, and many more use a combination of wood and modern fuels. Choice of cooking fuel is influenced by a range of economic and cultural factors. Recent research recommends improvements in stoves where wood is cheap, and to promote modern fuels where wood is costly.

Sources: Heltberg, 2002
Gender gaps in education are disappearing in LAC

Boys enroll less, abandon school more, and have a worse academic performance than girls. In general, in the last two decades, enrollment rates have been lower for boys than girls. In 1995, the combined primary, secondary and tertiary enrollment ratio was higher for girls than boys in Brazil, Argentina, Uruguay, Jamaica and Colombia. Boys also tend to drop out school more often than girls to take on productive jobs. Finally, in those countries for which data are available (Brazil, Jamaica, and Mexico) girls tend to out-perform boys.

in similar proportions. Power relations between men and women put women in a disadvantaged position to negotiate the use of condoms, and to prevent being infected.

In the last twenty years, gender gaps in education have narrowed in all the countries and, for some (Brazil, Costa Rica, Venezuela, Argentina, Jamaica, Nicaragua and recently Colombia) women’s educational attainment is higher than men’s. In those countries where gender gaps disfavor girls, even in Guatemala, a country with a high proportion of indigenous population where women’s and girls education is much lower, the gender gap continues to narrow.
VIOLENCE

Violence, a central problem in the region, affects men and women differently. According to data on homicide rates, LAC is the most violent region in the world. Male to male violence is prevalent, and young men’s mortality rates linked to external factors — including traffic accidents, homicide and suicide — range from two to seven times higher than young women’s. Women and children are more likely to experience domestic violence. Figure 6 reveals that domestic violence remains a challenge for countries across the region. According to UNICEF data (cited in Caribbean Gender Review), Haiti has the highest rate of domestic violence in LAC with more than 70 percent of the female population affected by some form of violence, of which 37 percent is sexual in nature.

The risk of physical abuse for women decreases with household income level and years of completed schooling and increases with marriage and, disturbingly, with women’s independent income. For example, in Colombia working is associated with an increment of 6 percentage points in the likelihood of experiencing any incident of domestic violence and an increment of approximately 4 percentage points in experiencing serious incidents of domestic violence (Gaviria, 2001, cited in Colombia Gender Review).

Besides, violence has inter-generational consequences with children experiencing violence being more likely to become violent.

Socialization processes reinforce violence against women. Male exposure to violence begins at an early age. Through the school system, the family, the media and the streets, boys are socialized to accept violence. Similarly, social norms and expectations around gender roles, and male gender identity, often foster men’s violent behavior against women. A study among 58 adolescents (15–19 years) and 32 young men (19–30 years) living in low-income neighborhoods and favelas in Rio de Janeiro, concluded that a man is perceived to have the right

Domestic violence remains high in LAC

Figure 6. Domestic violence

Notes: Percentage of adult women who have been ever physically assaulted by an intimate partner.
(a) Data correspond to women who have been physically assaulted in the past 12 months.
(b) In current relationship only.
Source: WHO, Database on Violence against Women (as at March 2000).
to use violence against a woman if she does not comply with certain unwritten norms. According to an interviewee, “a man is allowed to beat a woman if she doesn’t feed the children, when she gossips all the time and when she doesn’t clean the house” (Baker, 1998, cited in Brazil Gender Review).

Socio cultural attitudes have also a negative impact for violence prevention. First, violence in the family is perceived to be a private matter between a man and a woman and therefore outsiders should not interfere. Second, the shame, guilt and stigma attached to wife-beating, sexual harassment and rape prevent female victims from openly admitting and reporting violence against them. Finally, lack of gender awareness and sensitivity on the part of the police and judges is another problem. Data from Jamaica suggest that women are unlikely to report offences because they do not believe the police will take any action.

Violence has an economic toll on countries in LAC. While violence is an issue of social justice and human rights, it is gaining recognition as an economic issue, taxing the health care and judicial systems, affecting productivity and earnings, creating economic and emotional instability within the household, and influencing perceptions of security and well-being and, as a corollary, economic investments.

Box 3. The economic cost of domestic violence: the case of Nicaragua

A sample survey of 378 women conducted in 1997 in Managua on domestic violence revealed the following:

- 53 percent of women interviewed had suffered psychological, physical or sexual violence; 28 percent had endured severe physical violence; and 18 percent had experienced sexual violence;
- domestic violence has a large effect on a woman’s earnings in Managua: women who suffered physical violence earn only 57 percent as much as women who do not suffer this abuse;
- all forms of domestic violence reduced women’s earnings by $US 29.5 million, which corresponds to 1.6 percent of 1996 GDP (not including the multiplier effects of lost earnings);
- domestic violence has a cost to the health care system – women who have been abused were twice as likely to use health care services as those who had not been battered.

Source: Morrison and Biehl, 1999
Although the relationship between gender and poverty is a complex one, empirical evidence from LAC suggests that elderly and indigenous women are the most vulnerable to poverty; single headed households tend to be more vulnerable to poverty than couple headed households; and girls are particularly vulnerable during economic crises. Data also suggest that youth (ages 15 to 29), including young girls are especially at risk of being socially excluded.

Although they live longer than men, women find themselves in a particularly vulnerable position when they reach old age. As in other parts of the world, LAC experiences a process of feminization of the old age. Women represent 56 percent of the population over 65 years old and elderly women outnumber elderly men in all the countries. Women’s reproductive roles throughout their lives have led them to participate less in the labor market, to have more transient employment relationships, and to work in the informal sector in larger proportions than men. Hence, they are less likely to receive social security or to have savings in their old age. Data suggest that rural elderly women are the most vulnerable.

Although no clear association exists between poverty and female-headed households in LAC, single headed households, about 80 percent of which are female headed, are more vulnerable to poverty. This may be due to the fact that: (a) they only rely on one adult salary; (b) because of the double workload of productive and domestic responsibilities, single household heads dedicate fewer hours to remunerated work, and (c) for the same reasons they seek jobs that offer greater flexibility but not necessarily the best salaries, benefits and opportunities for promotion.

**Box 4. Vulnerability to Poverty of Elderly Women in Mexico**

On average, women in Mexico experience worse living conditions and receive less institutional support in old age than men, placing women in a disadvantaged and more vulnerable position regarding old age security.

In Mexico, elderly individuals tend to be much poorer than working age adults; rural elderly individuals are much poorer than urban elderly individuals; and women are poorer than men in all age groups and locations (rural/urban). With 17.3 percent of rural elderly women being severely poor compared to 15.2 of rural elderly men, 5.6 percent of urban elderly women, 4.9 percent of urban elderly men, and 7.2 percent of working age population, rural elderly women are the poorest in Mexico.

Men are more likely than women to have an income source at old age. Overall, 80 percent of elderly men have individual sources of income compared to 36 percent of elderly women. Elderly men are 43 percent more likely to report positive income associated with self-employment or salaried work and 10 percent more likely to have income from pensions than women. Elderly women are 2 percent more likely to receive income from transfers from family or friends.

*Source: Parker and Wrong, 2001.*
Girls are more vulnerable to crisis and tend to abandon school during economic shocks. On a daily basis, boys’ education is more affected by their households’ adverse economic situation given that they are the first ones to abandon school to raise household income. However, data from Argentina suggest that during economic crises, girls are more likely to abandon school than boys. The intense mobilization of household’s female labor during economic crises to cope with the effects of the crises causes girls to abandon school to take on their mother’s domestic roles.

In general, although indigenous men and women exhibit low human development indicators and suffer from social exclusion in many countries in the region, indigenous women are particularly deprived. Indigenous women’s education levels are much lower than those of their non-indigenous counterparts and indigenous gender education gaps are considerably higher than those of non-indigenous populations (2.3 versus 0.68 years in Bolivia; and 1.5 versus 0.8 in Guatemala). In addition, indigenous women exhibit the highest maternal mortality and fertility rates in the region. For example, certain indigenous groups in Paraguay have a fertility rate of 7.3 children per woman compared to 2.7 children for the average Latin American woman. Besides, despite recent legislation passed in this area, limited access to land continues to be a problem for rural indigenous women.

Unfortunately, lack of data precluded an analysis of the gender gaps among Latin American and Caribbean Afro-descendents. Nevertheless, box 5 captures the voices of Brazilian Afro-descendent women, and their experience of gender disadvantages in several aspects of their daily life.

Youth are particularly vulnerable to social exclusion, with girls experiencing serious problems in integrating into the mainstream economy. A World Bank study in the Caribbean identified the following as the main dynamics leading to Caribbean youth social exclusion: early sexual initiation and pregnancy, risky sexual behavior leading to HIV/AIDS, physical and sexual abuse, school drop out, unemployment, crime and violence, and substance abuse and drug dealing. Whereas school drop out, crime and violence, and alcohol and sexual abuse affect boys more, adolescent pregnancy, the effects of their own and other’s risky behaviors related to HIV/AIDS, and physical and sexual abuse have a more harmful impact on girls. Another study comparing low and high income youth in Chile identified barriers to enter the labor market as the principal obstacle to youth’s effective integration in society. Low-income Chilean girls are particularly limited in full labor force

Indigenous women are the least educated in LAC
participation due to their high rates of adolescent pregnancy and to their domestic responsibilities (45.9 percent of low-income girls as opposed to 8.6 percent of high-income girls are devoted entirely to domestic unpaid work). Low-income boys entry into the labor force is four times that of low-income girls, and unemployment rates among low-income youth are considerably higher for girls (40 percent) than for boys (25 percent).

Box 5. Afro-descendent women’s perception about being a woman: the case of Quilombo girls in Brazil

A qualitative study among Afro-descendent girls in Pernambuco, Brazil, revealed how limited Quilombo girls feel due to what they perceive as their gender roles. They believe that women enjoy less social freedom than men, and they feel they are often mistreated, humiliated and physically abused. The girls interviewed feel strongly about marriage and its implications in terms of physical workload, physical safety, and constrains to their freedom.

“A woman is locked up at home and never goes where she wants, only if her parents allow her.”

“She is too governed by the brothers only because she is a woman.”

“She suffers violence and is forced to do things that she doesn’t want.”

“The worst thing in being a woman is to marry, take care of the house, children and husband. I don’t want this for me. I want to marry but I don’t want to be a slave.”

Source: Salem, 2001
Latin America and the Caribbean is a rich region with very diverse countries in terms of development indicators and gender problems. The following five sections illustrate the main gender issues in different countries. The sections include Mexico and Central America; the Caribbean; the Andean countries (Bolivia, Ecuador, Peru and Colombia); Brazil, Guyana and Venezuela; and Uruguay, Paraguay, Chile and Argentina. Given the diversity of the Caribbean sub-region, a country from each of the three different historical backgrounds was selected (Dominican Republic, Jamaica and Haiti). For some countries such as Guyana, the analysis is limited due to the lack of information. The map below summarizes the main gender issues by country in the region. Although gender problems are country specific, some of them such as maternal mortality affect most countries in the region.
Despite significant progress in addressing certain issues (such as the participation of women in the labor force), violence, maternal mortality and adolescent pregnancy remain important gender problems in Central America. The deficiencies of maternal care services contribute to a high rate of maternal mortality in the sub-region. Low use of contraceptives makes Central America the sub-region with the highest rates of adolescent pregnancy in LAC. Male to male violence as well as male to female domestic violence are prevalent in Central America.

Finally, a particularly striking problem is the deterioration of all human development indicators and the dramatic increase in the gender gaps in indigenous populations when compared to non-indigenous. Levels of access to education and educational attainment are far worse for indigenous girls than boys. Indigenous women are economically more vulnerable than other women and more acutely affected by domestic violence.

In Mexico, despite a dramatic increase in the numbers of young women entering the labor market, women’s labor force participation is only 43 percent compared to 83 percent for men. In rural areas, women’s formal access to ejido land is very low.
Jamaica has advanced significantly in terms of political participation, maternal health services and fertility levels, and female education and earnings equality. Domestic and sexual violence, and teenage pregnancy continue to be a problem.

The Dominican Republic has made advances in reducing fertility and education gaps, and has taken important steps to address gender issues in law and domestic violence. Problems related to maternal mortality, especially in rural areas remain.

Haiti, exhibits the worst indicators in the region in areas such as maternal mortality, fertility levels, contraceptive prevalence and HIV/AIDS. It also has the most antiquated laws in the LAC region in terms of gender equality and basic rights of women regarding adultery, rape, domestic violence, etc.

HIV/AIDS is emerging as an important problem in the Caribbean. Unequal power relations between men and women are contributing to spreading the disease.

### The Caribbean

<table>
<thead>
<tr>
<th>SECTOR</th>
<th>STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEMOGRAPHICS</td>
<td>Fertility has declined in all three countries, but particularly in Haiti, where it dropped from 5.9 to 4.1 births per woman from 1980 to 1999. Fertility rates for the Dominican Republic remain higher than the regional average.</td>
</tr>
<tr>
<td>HEALTH</td>
<td>At 600 per 100,000 live births, maternal mortality rates in Haiti are the highest in the Western Hemisphere. While at a different level, the Dominican Republic also has high maternal mortality rates (230) and Jamaica’s is also significant (120).</td>
</tr>
<tr>
<td>VIOLENCE</td>
<td>Violence in the three countries is pervasive. One in six women in the Dominican Republic is or will be a victim of physical violence, while one in five Jamaican women ages 25-60 have suffered some sort of physical abuse. In Haiti, an estimated 70 percent of all women have experienced some form of violence.</td>
</tr>
<tr>
<td>EDUCATION</td>
<td>Gender gaps in education in Jamaica and Dominican Republic are for the most part a problem affecting boys and men. Lack of education is a generalized problem for Haitian boys and girls.</td>
</tr>
<tr>
<td>LABOR MARKETS</td>
<td>A high proportion of women are economically active in Haiti and Jamaica. Their participation has also increased in the Dominican Republic but remains significantly lower than that of men.</td>
</tr>
<tr>
<td>AGRICULTURE AND LAND</td>
<td>The new Agrarian Reform Law improves the precarious legal position of rural women to acquire land and credit in the Dominican Republic.</td>
</tr>
<tr>
<td>POVERTY</td>
<td>Female headship is correlated with poverty in Jamaica, Dominican Republic and rural Haiti.</td>
</tr>
<tr>
<td>HIV-AIDS</td>
<td>Haiti has the highest rate of HIV infection in the LAC region. And in the Dominican Republic, HIV/AIDS has reached the 1.89 percent of the population. HIV/AIDS is still concentrated among high-risk groups in Jamaica.</td>
</tr>
</tbody>
</table>
The Andean Countries

Colombia exhibits moderate fertility and maternal mortality rates, and female labor force participation has been on the rise for the last three decades. Levels of domestic violence remain high affecting 20 percent of women. Colombia has now to face the problem of high school drop outs among boys. Ecuador, Bolivia and Peru, suffer from high maternal mortality, associated with deficiencies in availability and quality of prenatal care services. Rural Ecuador and Bolivia also have high fertility rates as a result of insufficient family planning services and low use of contraceptives. Bolivia has a high rate of adolescent pregnancy. The figures for domestic violence in Peru and some cities of Ecuador are alarmingly high (data for Bolivia were not available). Peru also suffers from a rising wage gender gap in the last decade.

<table>
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<tr>
<th>SECTOR</th>
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<tbody>
<tr>
<td>DEMOGRAPHICS</td>
<td>In Ecuador, reductions in fertility rates have not been uniform. Women with little education, for example, continue to have very high fertility rates (6.2 children). In Colombia, in 1990-95, the urban fertility rate was 2.7, compared with a rural rate of 4.4. Peru and Bolivia’s urban fertility rates are 3.1 and 4 respectively. Access to contraceptives is high in Colombia and low in the other Andean countries.</td>
</tr>
<tr>
<td>HEALTH</td>
<td>Bolivia has one of the highest maternal mortality rates in Latin America with almost 400 deaths per 100,000 live births. In Ecuador (160) and Peru (270) maternal mortality continues to be high. In Colombia, maternal mortality rates are significantly lower (80).</td>
</tr>
<tr>
<td>VIOLENCE</td>
<td>Domestic violence affects 20 percent of Colombian women. In Quito, about 37 percent of women experience domestic violence. In Lima on average 31 percent of women experience physical violence by an intimate partner.</td>
</tr>
<tr>
<td>EDUCATION</td>
<td>In Ecuador and Colombia, poverty has led boys to enter the labor market at an early age.</td>
</tr>
<tr>
<td>LABOR MARKETS</td>
<td>In Colombia, women’s participation in the labor force has risen over the last three decades, and the wage gender gap has decreased considerably. In Ecuador, whereas previously women were earning more than men in industries typically considered female, by 1997 these trends had turned in favor of men. In Peru women’s labor force participation has increased but at 55 percent for the urban female, still remains considerably lower than male participation (82 percent). Peru suffered from an increasing gender wage gap during the 90s.</td>
</tr>
<tr>
<td>AGRICULTURE AND LAND</td>
<td>In Ecuador, land distribution – particularly in the coast – has been skewed towards men, whereas in Colombia, legislative reforms favor joint (men and women) land titling. The non-agricultural sector is becoming an important source of female rural employment in both countries.</td>
</tr>
<tr>
<td>POVERTY</td>
<td>Colombia’s data suggest that female-headed households are more likely to be poor than male-headed ones. In Ecuador, the same holds true for rural households.</td>
</tr>
</tbody>
</table>
Brazil, Venezuela and Guyana

Overall, Brazil has progressed significantly in addressing gender issues and reducing gender gaps, particularly regarding access to contraceptives and the subsequent drop in the fertility rates; women’s educational levels; and participation in the labor force. However, maternal mortality continues to be on the rise, the availability of prenatal care services has decreased during the 1990s and the gender wage gap is one of the highest in Latin America. Other gender problems need to be addressed, such as the apparent gender biases in the education curriculum and the high levels of violence that affect men primarily but also place a huge burden on Brazilian women and children.

For its part, Venezuela has reduced fertility and maternal mortality rates; and increased female education levels. Nevertheless, despite higher levels of education than men, women’s participation in the labor force remains much lower than their male counterparts. Venezuela also experiences high levels of adolescent pregnancy. Guyana’s main gender problem is its high maternal mortality ratio.

<table>
<thead>
<tr>
<th>SECTOR</th>
<th>STATUS</th>
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<tbody>
<tr>
<td>DEMOGRAPHICS</td>
<td>Fertility rates have dropped sharply in Brazil and Venezuela. Adolescent pregnancy is high in Venezuela with 95 out of 1,000 births by women between ages 15 and 19. In Brazil, 73 out of 1,000 births were among adolescents.</td>
</tr>
<tr>
<td>HEALTH</td>
<td>Whereas maternal mortality, at 60 per 100,000 live births, is relatively low in Venezuela, it is high in Brazil (160) and Guyana (190). In Brazil, prenatal health coverage has decreased during the 1990s, with the number of births attended by professionals going from 98 percent to 88 percent.</td>
</tr>
<tr>
<td>VIOLENCE</td>
<td>Domestic violence affecting women and children is widespread in Brazil. Data for Venezuela and Guyana were not available.</td>
</tr>
<tr>
<td>EDUCATION</td>
<td>In Venezuela and Brazil, women are more educated than men with a female to male education ratio of 1.03 for the working age population at the end of the 1990s. In Brazil, poverty and inadequate schools have led boys in particular to enter the labor market at a premature age, with negative impacts on their education.</td>
</tr>
<tr>
<td>LABOR MARKETS</td>
<td>In Venezuela, women’s labor force participation is still significantly lower (46 percent) than that of men (79 percent). Brazil continues to have one of the highest gender wage gaps in the region.</td>
</tr>
<tr>
<td>POVERTY</td>
<td>Data from the Northeast of Brazil shows that male- and female-headed households differ only marginally in the extent to which they are likely to be poor, 39 percent and 41 percent respectively.</td>
</tr>
<tr>
<td>HIV-AIDS</td>
<td>In Brazil, the HIV/AIDS epidemic falls into the category of a ‘concentrated’ epidemic. Initially, nearly all AIDS cases were male, but now about 50 percent of new cases are female.</td>
</tr>
<tr>
<td>INDIGENOUS POPULATIONS</td>
<td>The mortality rate for the Amazonian indigenous population is strikingly higher than the Brazilian national average, with gender gaps disfavoring men. AIDS has become a serious health concern. The fertility rate is also very high.</td>
</tr>
</tbody>
</table>
The countries in the Southern Cone present extreme contrasts in terms of development indicators and gender problems. Although there has been significant progress made by Argentina, Chile and Uruguay in narrowing the gender gaps in education, access to labor markets, wage, etc., problems such as domestic violence, and high rates of adolescent pregnancy still need to be addressed, especially in Argentina. Uruguay, Chile and Argentina need to continue stimulating women’s participation in the labor force.

In poorer countries such as Paraguay, the high fertility, adolescent pregnancy, and maternal mortality rates, especially among indigenous people, represent a serious problem.

<table>
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<tr>
<th>SECTOR</th>
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<tbody>
<tr>
<td>DEMOGRAPHICS</td>
<td>While in Paraguay fertility rates, infant mortality, and mortality rates remain very high, Argentina, Chile and Uruguay have the lowest fertility rates in LAC. In Paraguay and Argentina, with 81 and 63 of births per 1,000 coming from adolescents, teenage pregnancy continues to be high.</td>
</tr>
<tr>
<td>HEALTH</td>
<td>In Paraguay, inadequate prenatal care persists and the proportion of at-risk pregnancies continues to be elevated. Maternal mortality is still very high, although declining.</td>
</tr>
<tr>
<td>VIOLENCE</td>
<td>Domestic violence affects between 10 to 20 percent of women in Chile and Argentina. In Paraguay, male violence against women and sexual violence against children remains a serious concern.</td>
</tr>
<tr>
<td>EDUCATION</td>
<td>In all four countries, female education has increased to the point that women now have more schooling on average than men.</td>
</tr>
<tr>
<td>LABOR MARKETS</td>
<td>Women’s labor force participation increased to 53 percent in 1999 in Paraguay, to 50 percent in 1991 in Argentina, to 41.8 in Uruguay in 2000 and to 44 percent in Chile. Uruguay registers one of the smallest gender wage gaps in the region.</td>
</tr>
<tr>
<td>POVERTY</td>
<td>In Argentina and Paraguay, male- and female-headed households differ substantially in the extent to which they are likely to be poor, with female headed households being four times more likely to be poor than male headed households in Argentina.</td>
</tr>
<tr>
<td>AGRICULTURE AND LAND</td>
<td>Rural development programs and policies in Paraguay continue to downplay the importance of women’s role in the agricultural sector. Land ownership has been biased in favor of men.</td>
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<tr>
<td>INDIGENOUS POPULATIONS</td>
<td>In Paraguay, the indigenous have the highest infant and maternal mortality rates in the country. The fertility rate for indigenous women is considerably above the national average at 5.7.</td>
</tr>
</tbody>
</table>
As women’s voices in Box 6 illustrate, conditions are changing for women in LAC as they have benefited substantially from socioeconomic development in the last fifty years. Nevertheless, women in LAC still fall behind their male counterparts in political, social and economic aspects that preclude their full empowerment and their full equality vis a vis men.

Apart from being a moral and human rights issue, gender inequalities are proven to be an obstacle to the socioeconomic development of LAC countries. Some of the main gender problems that challenge the region’s ability to fully progress, and that disturbingly tend to hit the poor the hardest are: the unrealized potential of women’s full integration in the economy; the social and economic cost of violence against women; and the loss of human capital from maternal mortality, and pregnant girls and boys drop out. Therefore, policies and programs aimed at redressing gender inequalities and changing gender roles will benefit women, their families and Latin American and Caribbean societies as a whole.

Employment policies should concentrate on reducing barriers for women, and particularly for poor women, to access the labor market. Some recommended actions are to: (a) increase childcare facilities to facilitate households, and particularly female headed households, access to better remunerated, more stable jobs; and (b) increase the availability of family planning services to improve women, and particularly rural women’s engagement in productive activities. Over the long term, a precondition to reducing gender-related labor inequalities is to redress the gender imbalance in the division of household work so that men and women share parenting, care giving and domestic chores, thus freeing women to participate in the workforce and advance on the job. Finally, research is needed to analyze the gendered impact of social security and pension systems in LAC in order to offer policy responses to elderly women vulnerability.

Health and family planning related problems such as maternal mortality, high fertility rates, teenage pregnancy, and HIV/AIDS should be addressed through integrated programs that tackle men and women’s reproductive needs. Some of the recommended particular actions are to: (a) promote the use of contraceptives among youth to address high fertility and teenage pregnancy rates; (b) provide women with low cost prenatal care at the community level to reduce maternal mortality rates preva-

**Box 6. Women’s Voices**

**Before, before they (men) were master and señor…not lifting a finger in the house. Things are changing slowly but they are changing.** (Argentinean woman)

When I was working, I used to decide. When she is working, she owns her money and she does anything she wishes. (Brazilian man)

Men know that we can survive without them, so they will treat us better, men are no longer lord and savoir. (Jamaican woman)

*Source: Voices of the Poor, 2000*
lent throughout many countries in the region; (c) increase the availability of family planning services, particularly in rural areas, that consider the role of men in family planning in order to prevent teenage pregnancy, high fertility rates and the spread of HIV/AIDS; and (d) use the media and the educational system to educate boys and men’s in women’s reproductive health rights.

Initiatives to palliate the effects of violence should be strengthened wherever they exist and imitated in other countries where they do not yet exist. Examples from Brazil and Ecuador include the establishment of Comisarias de la Mujer, and training judges and police officers to ensure enforcement of anti violence laws. However, over the long term, gender-related work should address violence prevention by examining how gender affects male violence and identifying steps to counter the effects of gender roles and socialization on violence. Suggested vehicles for preventing gender-related violence may be the education system, community programs and the media. Possible interventions include developing special programs to teach children nonviolent conflict resolution skills, as well as promoting women’s human rights among boys and males.

LAC countries have been very effective in increasing girls’ educational levels, but should focus now on preventing boys’ school abandonment. For example, programs such as the Brazilian Bolsa Escola to keep boys in school could be piloted in other countries. The education curriculum could be tailored to boys’ needs and interests. In addition, countries should focus on improving the quality of education so that gender stereotypes are not transmitted through teaching methods and materials.

Finally, attention should be paid to groups particularly vulnerable to be socially excluded in the region. Youth needs should be addressed by introducing life skills programs into school systems, which include components on self-awareness/knowledge, anger-management, conflict resolution, family planning, and parenting. More research in this area is recommended too. Already existing indigenous people’s initiatives should be strengthened so that they address gender differences and disparities.


Colombia Household Survey 1998
Demographic and Health Surveys, the World Health Organization’s Coverage of Maternity Care (1997)
Encuesta de Caracterización Socioeconómica Nacional Chile 1998
Encuesta Continua de Hogares de Bolivia 1999
Encuesta Nacional sobre Condiciones de Vida de Guatemala 2000

LSMS 1998 Nicaragua
Multi Purpose Household Survey 1997 El Salvador
WHO, Database on Violence against Women
World Bank LAC Gender Unit database
World Bank Edstats database

1 This Regional Gender Review was based on previous country specific gender work and on the information available on the Gender Unit’s database. Country Gender Reviews for Latin American and Caribbean countries can be accessed through www.worldbank.org/lacgender. A list of the sources used can be found at the end of the paper. Maria Elena Ruiz Abril wrote this report with help from Ayelen Banegas for data processing. The author is grateful to Wendy Cunningham, Kathryn Johns Swartz, Selpha Nyairo, Pia Peeters, Maria-Valeria Pena, and Annika Tornqvist.